

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 20  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery**

Full Name (Last, First, Middle Initial)

**A. Dr. Alan S Crandall**

Mailing Address 65 Mario Capecchi Dr

City State Zip Code  
Salt Lake City UT 84132-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John A Moran Eye Center, Unive

Occupation  
Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 17 / 2012

**Transaction ID : A857D68F26EA14149B97**

Amount of Each Receipt this Period

300.00

2012 eyePAC Contribution

Full Name (Last, First, Middle Initial)

**B. Dr. Gary W Wallace**

Mailing Address 2295 Coronado St

City State Zip Code  
Idaho Falls ID 83404-7552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center For Sight

Occupation  
Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 18 / 2012

**Transaction ID : ACB07126BEC1A43DAB0B**

Amount of Each Receipt this Period

500.00

2012 eyePAC Reception

Full Name (Last, First, Middle Initial)

**c. Dr. Alan S Crandall**

Mailing Address 65 Mario Capecchi Dr

City State Zip Code  
Salt Lake City UT 84132-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John A Moran Eye Center, Unive

Occupation  
Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

04 / 19 / 2012

**Transaction ID : A2C50A1B69DCB4EFE9CC**

Amount of Each Receipt this Period

1000.00

2012 eyePAC Reception

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00